CITY OF NEW ORLEANS EMPLOYEES' RETIREMENT SYSTEM 1300 PERDIDO STREET, ROOM 1E12 NEW ORLEANS, LA 70112 (504) 658-1850 FAX (504) 658-1602

DROP CERTIFICATION AT END OF PARTICIPATION/EMPLOYMENT

INSTRUCTIONS: PRINT IN INK OR TYPE ALL ENTRIES EXCEPT SIGNATURES. Employee: Complete section I thru IV and forward this form to your employer/appointing authority. NOTE: If you complete Section IV you must also complete and submit a Deferred Retirement Option Plan Withdrawal Method (RS-11.4) form. Employer/Appointing Authority: Complete Section V of this form and forward the completed form to the City of New Orleans Employees' Retirement System.				
SECTION I - MEMBER INFORMATION				
PRINT NAME: LAST	FIRST	MI SUFFIX (JR., III, ETC.)	SOCIAL SECURITY NUMBER	
CURRENT MAILING ADDRESS ENDING DATE OF DRO				
CITY	STATE	ZIP	PARTICIPATION	
DAYTIME PHONE NO.	(NING PHONE NO.	MO. DATE YEAR	
SECTION II – CONTINUATION OF EMPLOYMENT				
I understand that payments into my DROP account shall cease and no further interest shall be earned or credited to my DROP account, if I elect to continue employment. I understand that payment from the DROP account shall not be process until my employment is terminated; nor shall my monthly benefits be payable until I terminate employment. I also understand that I must resume contributions as a member of the system; I further understand that credit for the additional service shall be paid as a <u>supplement</u> to the original pension amount based on my time worked after DROP Participation.				
I elect to continue employment. ()				
EMPLOYEE'S SIGNATURE DATE SIGNED (DO NOT PRINT OR TYPE) (NO FACSIMILE OR COPIES ACCEPTED)				
SECTION III - CONVERSION OF LEAVE TO SUPPLEMENTAL RETIREMENT CREDIT				
I request the conversion of my sick and/or annual leave accumulated and not converted prior to DROP and/or accumulated during the DROP participation to supplemental retirement credit.				
Number of Sick Leave Hours Number of Annual Leave Hours				
I understand that the original retirement benefit allowance will not be recalculated and that the supplemental benefit allowance is to be paid in addition to the original regular retirement allowance. Further, I understand the average salary used in the calculation of the supplemental benefit will be based on the salary earned during the DROP period.				
Employee's Signature Date Signed (DO NOT PRINT OR TYPE)				

SECTION IV - TERMINATION OF EMPLOYMENT				
	aly retirement benefit based on the retirement option selected at the time I entered the S-11.4 form regarding the withdrawal method for DROP funds.			
	DATE OF TERMINATION/			
	DATE SIGNED NOT PRINT OR TYPE)			
SECTION V - AGENCY CERTIFICATION				
file at the City of New Orleans Employees' Reti	·			
I hereby certify that all appropriate offices of this agency have been notified of this DROP participant's intention to either terminate or continue employment as stated above. The appropriate actuarially determined Employer's Contributions alone with the employee contribution will be forward to NOMERS, if the employee elected to continue employment.				
APPOINTING AUTHORITY SIGNATURE _	DATE SIGNED (DO NOT PRINT OR TYPE) (NO FACSIMILE OR COPIES ACCEPTED)			
TITLE	DEPARTMENT			